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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	JJM5018USPCT	
	First Named Inventor	Robert Engel	
	<i>COMPLETE IF KNOWN</i>		
	Application Number	10/567,389	
	Filing Date	7 August 2006	
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)		OR	
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIMICROBIAL POLYMERS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **08/07/2006** as United States Application Number 10/567,389 under 35 USC § 371 from PCT International Application Number **PCT/GB2004/003465** filed (MM/DD/YYYY) 08/12/2004.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0318896.8 PCT/GB2004/003465	GB PCT	08/12/2003 08/12/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
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Application Serial No.	Filing Date	Status

I hereby appoint:

☒ Practitioners at Customer Number **000027777**

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Michele G. Mangini at telephone number (732) 524-2810.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Robert

Family Name
or Surname Engel

Inventor's
Signature

Robert Engel

Date

6/10/08

Residence: City Carle Place

State NY

Country USA

Citizenship US

Mailing Address 90 Terrace Drive

City Carle Place

State NY

ZIP 11514

Country US

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) JaimeLee I.

Family Name
or Surname Rizzo

Inventor's
Signature

Date

Residence: City Glen Cove

State NY

Country US

Citizenship US

Mailing Address 160 St. Andrews Lane

City Glen Cove

State NY

ZIP 11542

Country US

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Karin

Family Name
or Surname Melkonian

Inventor's
Signature

Date

Residence: City Garden City

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Country US

Citizenship US

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PTO/SB/01 (10-00)

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Engel	
Inventor's Signature		Date	
Residence: City Carle Place	State NY	Country USA	Citizenship US
Mailing Address 90 Terrace Drive			
City Carle Place	State NY	ZIP 11514	Country US

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JaimeLee I.		Family Name or Surname Rizzo	
Inventor's Signature 		Date 6-11-08	
Residence: City Glen Cove	State NY	Country US	Citizenship US
Mailing Address 160 St. Andrews Lane			
City Glen Cove	State NY	ZIP 11542	Country US

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Karin		Family Name or Surname Melkonian	
Inventor's Signature		Date	
Residence: City Garden City	State NY	Country US	Citizenship US
Mailing Address 7 Homestead Ave.			
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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Paul

Family Name
or Surname Watt

Inventor's
Signature

Date

Residence: City Steeton

State West Yorkshire

Country UK

Citizenship GB

Mailing Address 20 Heron Close

City Steeton

State West Yorkshire

ZIP BD20 6UN

Country UK

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

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		First Named Inventor	Robert Engel		
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		Application Number	10/567,389		
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		Examiner Name			
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Application Serial No.	Filing Date	Status
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777		Place Customer Number Bar Code Label Here
AND		
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City:	State:	ZIP:
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Given Name (first and middle (if any)) Robert		Family Name or Surname Engel	
Inventor's Signature		Date	
Residence: City Carle Place	State NY	Country USA	Citizenship US
Mailing Address 90 Terrace Drive			
City Carle Place	State NY	ZIP 11514	Country US

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Jaimee Lee I.		Family Name or Surname Rizzo	
Inventor's Signature		Date	
Residence: City Glen Cove	State NY	Country US	Citizenship US
Mailing Address 160 St. Andrews Lane			
City Glen Cove	State NY	ZIP 11542	Country US

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Karin		Family Name or Surname Melkonian	
Inventor's Signature <i>Karin Melkonian</i>		Date 6/20/08	
Residence: City Garden City	State NY	Country US	Citizenship US
Mailing Address 7 Homestead Ave.			
City Garden City	State NY	ZIP 11530	Country US

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Given Name (first and middle (if any)) Paul		Family Name or Surname Watt	
Inventor's Signature		Date	
Residence: City Steeton	State West Yorkshire	Country UK	Citizenship GB
Mailing Address 20 Heron Close			
City Steeton	State West Yorkshire	ZIP BD20 6UN	Country UK

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Family Name
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Inventor's
Signature

Paul Watt

Date

11 June 2008

Residence: City Steeton

State West Yorkshire

Country UK

Citizenship GB

Mailing Address 20 Heron Close

City

Steeton

State West Yorkshire

ZIP BD20 6UN

Country UK